

FOUNDATION QUESTIONNAIRE FORM

Required Information for the Incorporation/Formation of the Foundation

1. Suggested Names

(i) BASKERVILL FOUNDATION

(ii) _____

(iii) _____

(iv) _____

2. Jurisdiction of the Foundation

3. Principal objects and full description of proposed activities

4. Proposed Beneficiaries

Please provide the following information in respect of ALL Beneficiaries using a separate sheet if necessary.

(1)

Surnames

WOLFF

Forenames

JURGEN MICHAEL

Full Address

LONDON WC1E 7AY

U.K.

Date of Birth

18 APRIL 1948

Nationality

USA

Passport No

71135

Occupation

WRITER